

Governor's Office of Crime Control & Prevention  
Governor's Family Violence Council



## Maryland Abuser Intervention Program/Complaint Report Form

As the State of Maryland's certifying authority for Maryland's Abuser Intervention Programs (AIP), the role of the Governor's Family Violence Council (FVC) is to set forth policies and procedures that are designed to maximize victim safety and promote abuser accountability by establishing minimum operating standards for AIPs. In order to receive court-ordered referrals, AIPs must certify compliance with the Guidelines set forth by the FVC.

The FVC will receive, document and investigate, as required, all allegations of misconduct or failure of a certified AIP to adhere to the Guidelines set forth by the FVC. The FVC strives to conduct all initial inquiries on complaints within 30 days of receiving the complaint.

Please answer all questions below and provide as many details as possible. The FVC will investigate the reported complaint based on the information you provide. Please note that incomplete, generic, or non-descriptive complaints may not be investigated. Please email, fax or mail the completed complaint form to:

Nakita T. Long, Coordinator  
Governor's Family Violence Council  
Governor's Office of Crime Control & Prevention  
300 East Joppa Road, Suite 1105  
Towson, MD 21286  
410-821-2828 phone  
410-339-3467 fax  
[nlong@goccp.state.md.us](mailto:nlong@goccp.state.md.us)

Written notification of the disposition of the complaint will be mailed to you within 30 days of completing an investigatory audit.

# Governor's Family Violence Council

## Maryland Abuser Intervention Program/Complaint Report Form

Please type or print legibly in black or blue ink.

### Part I – Reported By:

Agency/Program \_\_\_\_\_

a. Address: \_\_\_\_\_

\_\_\_\_\_

Person Reporting Complaint: \_\_\_\_\_

a. Title/Position: \_\_\_\_\_ b. Phone Number: \_\_\_\_\_

c. Date Reported: \_\_\_\_\_ d. Time Reported: \_\_\_\_\_

### Part II – Reason For Complaint:

Brief Summary of Complaint (Please attach copies of any supporting documentation pertaining to the complaint.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_  
Complainant

Date: \_\_\_\_\_

### Part III – For FVC Use:

Person Investigating Complaint: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_